



Commonwealth of Massachusetts

Department of Public Safety

AMUSEMENT INCIDENT REPORT

An Owner may use an alternate form provided it contains all of the information contained in this form.

OWNER INFORMATION

Device USID #		Ride Serial Number	
Device Owner			
Owner Address			
Owner City/ZIP			
Owner Contact		Owner Phone #	

MANUFACTURER INFORMATION

Ride Name		Type of ride (fixed or mobile)	
Manufacturer Name		Year of Manufacture	
Manufacturer Address		ASTM Standard applies? (Y/N)	
Manufacturer City/State			
Manufacturer Phone #			

WITNESS INFORMATION

WITNESSES	NAME OF WITNESSES OR PERSONS PRESENT	ADDRESS	PHONE

ACCIDENT / VICTIM INFORMATION

INJURED 1	Name of injured		Street		City/Town/State		Phone	
	Age:	Sex:	Injury Severity:		Restraint Used:		Person Injured:	
	Ejected from Ride?		1. <input type="checkbox"/> Killed 2. <input type="checkbox"/> Serious Visible Injury 3. <input type="checkbox"/> Minor Visible Injury 4. <input type="checkbox"/> No visible injury but complains of pain.		1. <input type="checkbox"/> Seat belts 2. <input type="checkbox"/> Mechanical Restraint 3. <input type="checkbox"/> No Restraints 4. <input type="checkbox"/> Other		1. <input type="checkbox"/> Operator 2. <input type="checkbox"/> Passenger 3. <input type="checkbox"/> Spectator 4. <input type="checkbox"/> Other	
	Yes <input type="checkbox"/> No <input type="checkbox"/>							
Hospitalized? Yes <input type="checkbox"/> No <input type="checkbox"/>			Nature of injury:					

INJURED 2	Name of injured		Street		City/Town/State		Phone	
	Age:	Sex:	Injury Severity:		Restraint Used:		Person Injured:	
	Ejected from Ride?		1. <input type="checkbox"/> Killed 2. <input type="checkbox"/> Serious Visible Injury 3. <input type="checkbox"/> Minor Visible Injury 4. <input type="checkbox"/> No visible injury but complains of pain.		1. <input type="checkbox"/> Seat belts 2. <input type="checkbox"/> Mechanical Restraint 3. <input type="checkbox"/> No Restraints 4. <input type="checkbox"/> Other		1. <input type="checkbox"/> Operator 2. <input type="checkbox"/> Passenger 3. <input type="checkbox"/> Spectator 4. <input type="checkbox"/> Other	
	Yes <input type="checkbox"/> No <input type="checkbox"/>							
Hospitalized? Yes <input type="checkbox"/> No <input type="checkbox"/>			Nature of injury:					

INJURED 3	Name of injured		Street		City/Town/State		Phone	
	Age:	Sex:	Injury Severity:		Restraint Used:		Person Injured:	
	Ejected from Ride?		1. <input type="checkbox"/> Killed 2. <input type="checkbox"/> Serious Visible Injury 3. <input type="checkbox"/> Minor Visible Injury 4. <input type="checkbox"/> No visible injury but complains of pain.		1. <input type="checkbox"/> Seat belts 2. <input type="checkbox"/> Mechanical Restraint 3. <input type="checkbox"/> No Restraints 4. <input type="checkbox"/> Other		1. <input type="checkbox"/> Operator 2. <input type="checkbox"/> Passenger 3. <input type="checkbox"/> Spectator 4. <input type="checkbox"/> Other	
	Yes <input type="checkbox"/> No <input type="checkbox"/>							
Hospitalized? Yes <input type="checkbox"/> No <input type="checkbox"/>			Nature of injury:					

INCIDENT / ACCIDENT SUMMARY

Date of Incident:	
:	
<i>Accident Classification (check boxes that apply)</i>	
USCPSC Classifications	
Consumer Behavior (CB) <input type="checkbox"/>	Operator Behavior (OB) <input type="checkbox"/>
Mechanical Failure (MF) <input type="checkbox"/>	Design Limitations (DL) <input type="checkbox"/>
CB / MF <input type="checkbox"/>	OB / MF <input type="checkbox"/>
CB / OB <input type="checkbox"/>	OB / DL <input type="checkbox"/>
<i>See U.S. CPSC for classification definitions</i>	
ASTM Classifications	
Injury <input type="checkbox"/>	Facility Related Incident <input type="checkbox"/>
Illness <input type="checkbox"/>	Not Facility Related Incident <input type="checkbox"/>
Serious Injury / Illness <input type="checkbox"/>	Amusement Ride on Ride Incident <input type="checkbox"/>
Minor Injury / Illness <input type="checkbox"/>	Loading / Unloading Incident <input type="checkbox"/>
	Queue Line Incident <input type="checkbox"/>
	Other Incident <input type="checkbox"/>
<i>See A.S.T.M. for classification definitions</i>	

Name and signature _____

INCIDENT / ACCIDENT SUMMARY (SUPPLEMENTAL SHEET)

Witness or Victim Reporting:

Name and signature_____